



TOWN OF WINDSOR DIRECT SELLERS PERMIT APPLICATION FORM

Page 1

Applicant Information:

Name: _____

Address (Permanent): _____

Address (Temporary): _____

Phone: _____

Date of Birth: _____

Age	Weight	Height	Color Hair	Color Eyes
_____	_____	_____	_____	_____

Business Information:

Name: _____

Address: _____

Phone: _____

State Sellers ID# _____ Federal ID# _____

Nature of business and description of goods/services offered: _____

License Period (dates and times) From: _____ To: _____

Where is business to be carried on (Residential/Commercial): _____

Method of delivery of goods (If applicable): _____

Vehicle to be used by applicant:

Make: _____ Model: _____ Year: _____

License No. _____ State: _____ Exp. Date: _____

Driver's License # _____ State: _____ Exp. Date: _____

Previously Conducted Similar Business:

1. City/Town: _____ State: _____

2. City/Town: _____ State: _____

3. City/Town: _____ State: _____

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Page 2

Location Where Applicant Can Be Contacted At Least Seven (7) Days After Leaving Town of Windsor:

City/Town: _____ State: _____ Phone: _____

I attest that I have not been convicted of any crime or ordinance violation related to the transient merchant business within the last five (5) years.

Signature: _____ Date: _____

Yes, I attest that I have been convicted of a crime or ordinance violation related to the transient merchant business within the last five (5) years.

Nature of Offense: _____

Place of Conviction _____

Signature: _____ Date: _____

Service of Process:

I appoint the Town Clerk as my agent to accept service of process in any civil action brought against me arising out of any sale or service performed by the applicant in connection with the direct sales activities of the applicant, in the event the applicant cannot, after reasonable effort, be served personally.

Applicant must present to the Town Clerk for examination:

- _____ A driver's license or some other proof of identity as may be reasonably required.
- _____ A state certificate of examination and approval from the sealer or weights and measures where applicant's business requires use of weighing and measuring devices approved by state authorities.
- _____ A state health officer's certificate where applicant's business involves the handling of food or clothing and is required to be certified under state law; such certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than ninety (90) days prior to the date of application for license is made.
- _____ If employed by a charitable organization, present complete copy of registration materials and annual report.
- _____ Every applicant for a license who is not a resident of the County, or who is such a resident and represents businesses or organizations whose principal place of business is located outside of the state of Wisconsin, shall file with the Town Clerk a surety bond for a term of one (1) year from the date of issuance of the license, running to the Town in the amount of \$5,000 with surety acceptable to the Town Business Manager.

\$50.00 – Registration Fee

Please make checks payable to: Town of Windsor

Receipt# _____

Temporary License # Issued: _____

Result of investigation: I hereby APPROVE/DISAPPROVE the issuance of a license to this applicant

Town Clerk Signature: _____ Date: _____

Remarks: _____